

**NEBRASKA DDD/MLTC WAIVER WORKGROUP: PROVIDER ENROLLMENT**  
**FEBRUARY 19, 2016**

**Participants:** Melinda Abbott, Dave Barrett, May Faith, Pam Hovis, Amy Nutter, Erin Raabe, Linda Redfern, Ladonna Shippen, Joan Speicher-Simpson, Joyful Stoves, Jean Tuller, Alan Zavodny

**Notes Recorder:** Dave Barrett

**Next Meeting (date/time):** March 4, 2016 2:00-4:00

**Agenda:** Review why we are here; review provider enrollment as a process for RD, MLTC, and DD; begin discussion on how to make DD's enrollment process less arduous and more in line with the other enrollment processes and to get people certified and up and running faster while balancing that with ensuring quality service provision.

Topic	Person Responsible	Discussion	Action Item
Review of "why we're here"	Jean Tuller	Review of waiver application and rationale for rewriting versus submitting responses to CMS questions.	Complete workgroup assignment
Review of Provider Enrollment	Jean Tuller	The use of "contract" versus "Agreement." Some of the general processes with provider enrollment need to be examined and changed. Need to be consistent with Medicaid practice.	
Provider enrollment process – RD and MLTC		Emphasized the streamlined nature of their process, not as many steps. One major difference – non-specialized services versus the specialized services of DD enrollment (habilitation expectation, etc.)	
Provider enrollment process – DD	Dave Barrett	Review of the steps and how time-involved it can become for all. How many steps are done through DD that could be done through other agencies/processes.	Continue to review at upcoming meeting sessions to further refine process.
Possible changes to contracting/provider agreement process	Kim McFarland	Due to Kim's absence, this discussion was tabled until the next meeting. It is clear that the "contracting" terminology and practice will have to be changed to a "provider agreement" in order to bring it in line with the Medicaid process.	

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Possible changes to DD enrollment process	Dave Barrett/Kim McFarland	Have a “one-stop shop” online with orientation material, application, FAQ, etc. for any and all prospective providers to reference whenever they want. Orientation – 3 webinar modules. Make them competency-based. Instead of reviewing (and re-reviewing repeatedly) the policies and procedures, expect the applicant to submit a P&P along with their application but do not review the P&P. Instead, require submission of “applied” paperwork/forms that demonstrate that the agency has an understanding and infrastructure in place in order to provide quality services from day one. This addresses the concern about agencies who submit a generic P&P then go 3-4 months providing services without oversight and feedback.	Further refine into a formal proposal.
Non-specialized services	Dave Barrett/Kim McFarland	Addressing training – get non-specialized providers onto OMNI e-mail blast listserv; make this a part of the contracting process. Beef up the non-specialized webpage. Do annual check-ins with each non-specialized provider.	Further refine into a formal proposal.

**Considerations for 2017:** Number of providers becoming certified (more than in past years?). Ensuring quality service provision.